

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

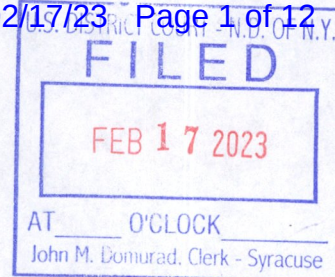
DIQUAN BOOKER

Plaintiff(s),

v.

SGT OCKAMUCHI

Defendant(s).



**COMPLAINT**  
(Pro Se Prisoner)

Case No. 9:23cv218  
(Assigned by Clerk's  
Office upon filing)

GTS/DJS

**Jury Demand**

- ☒ Yes  
☐ No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

**I. LEGAL BASIS FOR COMPLAINT**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- ☒ 42 U.S.C. § 1983 (state, county, or municipal defendants)  
☐ *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)  
☐ Other (please specify) \_\_\_\_\_



## II. PLAINTIFF(S) INFORMATION

Name:

DIQUAN BOOKER

Prisoner ID #:

16A1691

Place of detention:

Greene Correctional facility

Address:

P.O. Box 975

Coxsackie, New York 12051-0975

Indicate your confinement status when the alleged wrongdoing occurred:

- ☐ Pretrial detainee  
☐ Civilly committed detainee  
☒ Convicted and sentenced state prisoner  
☐ Convicted and sentenced federal prisoner  
☐ Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

## III. DEFENDANT(S) INFORMATION

Defendant No. 1:

SGT OCKAMUCHI

Name (Last, First)

SGT

He did not give me badge #

Job Title

P.O. Box 975

Work Address

Coxsackie, New York

City

State

12051-0975

Zip Code

Defendant No. 2:

Name (Last, First)

Job Title



\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Defendant No. 3:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Defendant No. 4:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

#### IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)



- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

Jan 24  
26, 28  
2023  
Incidents

This  
is  
a  
hit  
they telling  
me  
theres  
no protective  
custody.  
I am not  
trying to  
die.

Jan 24 a razor was pulled out on 1 Diquan Booker because I turn in another bloods gang Member a phone charger the dirty correctional officer gave to a bloods gang member I went to Sgt OCKAMUCHI let him no after I told him what happen I needed protective custody I got denied protective custody and Sgt OCKAMUCHI called me a rat after told him a blood gang member pulled a razor out on me because I gave the other Sgt the iPhone charger the dirty bad correctional officer gave to the bloods gang inmate friend. I got denied protective custody Sgt OCKAMUCHI put me back around the bloods gang inmates I was scared Jan 26 I got bump by a bloods gang inmate had to go to medical for neck injuries Jan 28 I was in the shower I guy came in there ram the legs of chair in my chest I drop I had hard time breathing I went to medical for chest pains as well I was taking two kinds of medication for my chest pains and neck pains OCKAMUCHI set me up.

V.

#### STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

I called  
outside  
investigation  
and let them  
know I don't  
want to get beat up  
for filing grievance on  
Sgt Ockumuchi Proof #444



Ockamuchi<sup>said</sup> if i had a problem let  
 him know i let him know two times  
 he did not do nothing he did not arrest the  
 inmates i grieve this i did not get called  
 down i grieve it again iam sending ~~Copies~~  
 of grievance to show the court this is serious  
 i requested protective custody i was denied  
 iam nervous i need protection ~~because~~ these  
 inmates and corrections officer they are  
 dirty bad and making me really nervous  
 Ockamuchi lied and said if anything happen  
 let him know i did he did not do nothing he lied  
 to me he set me up to get hurt i called  
 outside investigation #444 let them know what  
 happen. The SGT lied and said it no protective custody  
 Sgt Ockamuchi is a bad dirty sgt that don't like me.  
 Sgt Ockamuch did nothing about this. i could of died.

DATED 2/9/23 PLAINTIFF Digam Books  
 SIGNATURE 16A/6A1

Proof I

grieve 2 copies  
 it I am sending  
 to court

first grievance  
 they did not get back to me  
 this is second grievance I filed a third  
 grievance <sup>case 2</sup> <sub>to get it back</sub>



asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

### FIRST CLAIM

A Hit on My life

### SECOND CLAIM

fail to protect me

### THIRD CLAIM

violating me calling me a rat  
about a bloods gang member pulling a razor out on  
me and me letting him know and about the iPhone charger he called me  
a rat.

### VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

1 billion dollars from defendant  
Sgt Okamuchi and I want to go home these correctional  
officer are corrupted they trying to have the inmates kill me  
 I declare under penalty of perjury that the foregoing is true and correct.

Dated: 2/9/23

Digam Booker

Plaintiff's signature

(All plaintiffs must sign the complaint)



FORM 231E (9/12)

State of New York - Department of Correctional Services  
INMATE GRIEVANCE COMPLAINT

Grievance No.

Greene

CORRECTIONAL FACILITY

Date 2/9/23

Name

Diquan Booker

Dept No.

Housing Unit

C2

Program

NONE

AM

NONE

PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible)

ON 28 Of January

I was hit in the chest with the legs of a chair in shower I hit the ground in the shower I let Sgt know he did nothing about it on 26 of January I got bump and my neck started to hurt. I went to medical for both situation I let Sgt <sup>OCCAMUCHI</sup> know I think that his name he's short he did nothing to them or about the situation it's more to this story I can't say here because inmates read grievance. I ask Sgt his name he said he don't name drop he can't give m

Grievant

Signature:

Diquan Booker

Sgt  
Correc  
Nan

Grievance Clerk:

Date:

Advisor Requested

☐ YES☐ NO

Who:

Action Requested by Inmate:

I Diquan Booker would like to be move from Greene Correctional facility and this investigated this is not right what's going on to me Sgt know and he's not doing nothing about this. I want to purse my grievance and I don't want it to be retaliation on

The Grievance has been formally resolved as follows:

This In Formal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature:

Diquan Booker

Date:

2/9/23

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).  
\* An exception to the time limit may be requested under Directive # 4040, section 701.6(g).



**FORM 2131e (REVERSE) (9/12)**  
**Response of IGRC:**

Date Returned to Inmate: \_\_\_\_\_

IGRC Members: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Return within 7 calendar days and check appropriate boxes.\*

☐ I disagree with IGRC response and wish to  
appeal to the Superintendent

☐ I have reviewed deadlocked responses.  
Pass-Thru to Superintendent

☐ I agree with the IGRC response and wish to  
appeal to the Superintendent

☐ I apply to the IOP Supervisor for  
review of decision

Signed: \_\_\_\_\_

Grievant

\_\_\_\_\_ Date

\_\_\_\_\_ Grievance Clerk's Receipt

\_\_\_\_\_ Date

**To be completed by Grievance Clerk.**

Grievance Appealed to the Superintendent: \_\_\_\_\_

\_\_\_\_\_ Date

Grievance forwarded to the Superintendent for action: \_\_\_\_\_

\_\_\_\_\_ Date

\*An exception to the time limit may be requested under Directive #4040, section 701.6(g).



FORM 231E (9/12)

State of New York - Department of Correctional Services  
INMATE GRIEVANCE COMPLAINT

Grievance No.

Greene

CORRECTIONAL FACILITY

Date 2/9/23

Name

Diquan Booker

Dept No.

Housing Unit

C2

Program

NONE

AM

NONE

PM

(Please Print or Type - This form must be filed within 21 calendar days of Grievance Incident)\*

Description of Problem: (Please make as brief as possible) ON 28 Of January

I was hit in the chest with the legs of a chair in shower I hit the ground in the shower I let Sgt know he did nothing about it on 26 of January I got bump and my neck started to hurt. I went to Medical for both situation I let Sgt <sup>OCCAMUCHI</sup> know I think that his name he's short he did nothing to them or about the situation it's more to this story I can't say here because inmates read grievance. I ask Sgt his name he said he don't name drop he can't give me

Grievant

Signature:

Diquan Booker

Grievance Clerk:

Date:

Advisor Requested

☐ YES☐ NO

Who:

Action Requested by Inmate:

I Diquan Booker would like to be move from Greene Correctional facility and this investigated this is not right what's going on to me Sgt know and he's not doing nothing about this. I want to purse my grievance and I don't want it to be retaliation on

The Grievance has been formally resolved as follows:

This In Formal Resolution is accepted:

(To be completed only if resolved prior to hearing)

Grievant

Signature:

Diquan Booker

Date:

2/9/23

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee (IGRC).

\* An exception to the time limit may be requested under Directive # 4040, section 701.6(g).



FORM 2131e (REVERSE) (9/12)  
Response of IGRC:

Date Returned to Inmate: \_\_\_\_\_ IGRC Members: \_\_\_\_\_  
Chairperson: \_\_\_\_\_

Return within 7 calendar days and check appropriate boxes.

☐ I disagree with IGRC response and wish to appeal to the Superintendent

☐ I have reviewed deadlocked responses. Pass-Thru to Superintendent.

☐ I agree with the IGRC response and wish to appeal to the Superintendent

☐ I apply to the IGP Supervisor for review of disciplinary

Signed: \_\_\_\_\_  
Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grievance Clerk's Receipt

\_\_\_\_\_  
Date

To be completed by Grievance Clerk.

Grievance Appealed to the Superintendent: \_\_\_\_\_  
Date

Grievance forwarded to the Superintendent for action: \_\_\_\_\_  
Date

\*An exception to the time limit may be requested under Directive #4040, section 701.6(g).



**GREENE CORRECTIONAL FACILITY**

P.O. BOX 975

COXSACKIE, NEW YORK 12051-0975

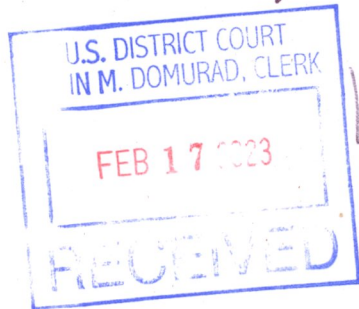
NAME: Diguan Booker DIN: 16A1691

02/13/2023

US POSTAGE \$000.84<sup>0</sup>



ZIP 12051  
041M11465187



Legal  
Mail  
Open  
ASAP

Clerk US District Court  
100 S Clinton Street  
Syracuse NY 13261-7367

Open  
ASAP



NEW YORK STATE  
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
OFFENDER CORRESPONDENCE PROGRAM

NAME: Diquan Booker DIN: 16A1691

78

